

NOV 18 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

36603

1. PLACE OF DEATH

County JacksonTownship KawCity Kennett (No. 814 E. 17th)Registration District No. 399Primary Registration District No. 1002File No. 1250Registered No. 1250St. Ward

2. FULL NAME

(a) Residence, No. 814 E. 17th

(Usual place of abode)

St. Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Allen Vick
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16 - 18727. AGE YEARS 65 MONTHS 5 DAYS 19 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Mississippi
(STATE OR COUNTRY)13. NAME Van Luster14. BIRTHPLACE (CITY OR TOWN) Don't know
(STATE OR COUNTRY)15. MAIDEN NAME Myla Dickens16. BIRTHPLACE (CITY OR TOWN) Mississippi
(STATE OR COUNTRY)17. INFORMANT Allen Vick
(ADDRESS) 814 E. 17th St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Highland Cemetery DATE Oct 9 193719. UNDERTAKER West, Appleton & Sons Inc.
(ADDRESS) 1905 W. Myrtle St.20. FILED Oct 7 1937 M.M. K. M. M.
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 193722. I HEREBY CERTIFY, That I attended deceased from 6-29 1937, to 10-5 1937I last saw him alive on Oct. 4 1937. Death is saidto have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hypertensive Heart withChr. Myocarditis 6-29-37

Other contributory causes of importance

Chr. Nephritis 131

Name of operation

Date of

What test confirmed diagnosis? Urinalysis Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Eugene P. Chatman M. D.(Address) 2200 East 16th St.

